

Foster Family Home - Corrective Action Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

Review ID: 2-618936-5

94-6264 Puka Street

Reviewer: Carol Copeland

Naalehu HI 96772

Begin Date: 2/13/2019

Foster Family Home**Required Certificate****[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN
Compliance Manager

Josephine Javar
Primary Care Giver

2/14/19
Date

02/13/2019
Date